



THE CHILD

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Gathered around the table, the midwives listen to the nurse-midwife, who is telling them how important the birth certificate is.

ARKANSAS TEACHES HER MIDWIVES

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IN THE RURAL sections of Arkansas the "granny midwife" still has her day.

Many people say, "Why don't you get rid of those old midwives?" But those of us who have occasion to work closely with the midwives and the people whom they serve say instead, "Stand by the midwife and help her as much as possible, since she is still a much needed person in her community."

In 1944 nearly 70 percent of all the nonwhite births in Arkansas were attended by midwives. The percentage of deliveries by midwives would be even higher if we were to exclude three counties where there are more Negro doctors than average for the rest of the State and also some hospital facilities for Negro patients.

In 1944 there were nearly 1,500 midwives in Arkansas, and they reported more than 7,000 births. Of these midwives 788 had permits, granted for that year, and 188 of the "permitted" midwives did not report any births. More than 4,000 births were reported by the 600 active "permitted" midwives. The

midwives that had no permits—about 700—reported more than 2,700 births; about 400 of these midwives had formerly held permits.

In order to strengthen the program with the colored midwives, the State board of health recently employed a Negro field nurse-midwife. A nurse-midwife is a graduate nurse who has had a special course in midwifery.

The field nurse-midwife should have, besides her training and experience as a nurse-midwife, training and experience in public-health nursing.

The field nurse-midwife works directly with the midwives in their own communities. She helps the granny midwives by teaching them in classes and by giving demonstrations in the home before delivery, at the time of delivery, and during postpartum care.

About three-fourths of our midwives cannot read or write at all, and only about 5 percent can make out a birth certificate satisfactorily. They are extremely superstitious and bring their superstitions into their midwifery.

In spite of their lack of education

they enjoy in the community a special position of respect comparable to that of a preacher, a teacher, or any other community leader. Most of them are deeply religious and do right as they know it, but even so, their midwife practices are often so far from safe that the State board of health must necessarily take steps to change them even in the face of their fixed notions and deep religious conviction.

At present, the average age of the midwife is from 60 to 80 years. Generally speaking, the older the midwife the more confidence the community has in her. There is some hope that this average age can be lowered, for during the past year, through the work of the field nurse-midwife and the public-health nurses in the counties, a few younger women have become interested.

In one county a school principal's wife who is a retired school teacher and who has a B. A. degree enrolled in the classes and became a midwife. In one county two young married women in their early thirties did the same.

The new midwife, young or old, is much more teachable and accepts instructions far more readily than the midwife who has practiced for years on her own, as that midwife feels that there is nothing that she can be taught.

Midwives are taught the fundamental principles concerning the equipment and care of the midwife bag; the filing of birth certificates; the conditions upon which the midwife accepts a case; prenatal care, including diet; the actual delivery; and postpartum and newborn care.

Besides following the State board's program of instruction, the field nurse-midwife tries to fall in, so far as possible, with the pattern of the midwife's idea of a proper midwife meeting. In some communities the midwives already have organized and have their own officers. These usually take charge of the meeting, turning it over to the nurse-midwife after the business session and the devotional service are completed. These meetings usually open with prayers and hymns. At the beginning the prayers are general, but as the course proceeds, their supplications become applicable to the immediate situation. They pray for help in learning what the nurse-midwife is bringing

them on that particular day and even pray for the nurse-midwife and for her approval of their efforts, all in the nurse-midwife's presence.

After the preliminaries the nurse-midwife takes charge of the meeting. The intensive course, which is supplementary to the regular supervision given by the local health department, is planned for seven sessions; the frequency of meeting depends upon the transportation in the community.

In the first session the field nurse-midwife does not have a regularly outlined lesson, but instead just gets acquainted with the midwives. She talks with them about the changing world, of how long she has been a public-health nurse and a nurse-midwife, and of the number of changes that have taken place since she became a nurse. She mentions how our means of transportation used to be by stage coach and horse and buggy; then by train, automobile, and airplane. She mentions how women always used to wear high-topped shoes in wintertime, but now we almost think there is something wrong when we see a woman wearing high-topped shoes. The purpose of citing these different examples is to help the midwife to see that changes in the type of instructions and method of teaching will be necessary if the midwife is to be a modern or airplane midwife. Oftentimes, later in the classes, a midwife will, in reporting another midwife as backward, say, "Nurse, such-and-such a midwife is still 'a-horse-and-buggy-ing,'" meaning she is failing to follow some of the new teaching.

Nurse-midwife studies her pupils

The bag equipped according to standard is shown to each midwife at this session and the list of equipment is gone over with her. At this meeting the nurse-midwife gets an idea who has a bag and who does not. She also gets the granny midwives' interpretation of what goes to make a good midwife, and gives her own interpretation.

At the next session the nurse-midwife shows the class how to fill out a birth certificate. She carries a large-sized replica (44 by 88 inches) of a birth certificate, which has been made out correctly and is used for teaching

purposes. Each midwife is given individual help with her birth certificates. The granny midwife brings to each class meeting a birth certificate that she has made out during the week and the nurse-midwife goes over it with her, showing her any mistakes. Help is also given through visits in the patient's home with the midwife.



At the third session the midwife is taught to consider these questions before she accepts a case for delivery:

1. Has the patient been examined by a doctor? If not, is she willing to go to a doctor?
2. Is the patient a dwarf or a cripple? Or is she having her first child? These types of cases should always be referred to a doctor for delivery.
3. Has the midwife as many as three cases due for delivery in the same week? If so, she should not accept another case due during that period.

The midwife is taught that after accepting a case for delivery she should first notify the health department. She should make at least three prenatal visits (more if necessary) to the patient's home. On these visits she should:

1. Find out whether the patient is under regular medical supervision.
2. Demonstrate how to assemble the needed supplies and help the patient to do it.
3. Find out the general arrangement of the house. Help the patient to see the need of using the most convenient room for delivery.
4. See if the patient is developing any danger signals, such as marked

swelling of hands, ankles, and feet, bleeding, severe morning headaches, severe vomiting, fits or spasms.

5. See whether her diet is right.

Before going on a case for delivery, the midwife should have additional information. If the midwife is given notice ahead of time she will have some of the information already, but sometimes she is called "in a tight" (an emergency, and without previous notice).

1. Is the case "at term"? If not, and if the patient is having a miscarriage, she should be referred to a physician, since a midwife should not undertake a delivery under these circumstances.
2. Has the patient syphilis? If so, has she been under regular medical supervision? If she has not had regular treatment, not only may the case be dangerous for the midwife to handle, but also the child may be born with syphilis.

The fourth and fifth sessions are on prenatal care. At the fourth session the nutrition consultant from the State board of health discusses and demonstrates diet for the expectant mother, during labor and the lying-in period, and for the nursing mother. The midwife is requested to invite her prenatal patients in. At one class on nutrition, 41 people were present, including 25 expectant mothers.

At the fifth session, still on prenatal care, the midwives are taught, first of all, the importance of having a doctor supervise every case.

Medical examination often impossible

Detailed instructions are given concerning what a thorough physical examination by a doctor should include. Here again we run into the problem of the inadequacy of medical facilities, and, even when both the midwife and the patient are convinced of the importance of having the physical examination, it is often not possible to have it. Additional instructions are given on diet, rest, exercise, preparation for delivery, and so forth.

Strange as it may seem, a part of prenatal work is stressing the importance of selecting a name for the baby ahead of time, as great confusion in the filing of the birth certificate can result if the new baby remains unnamed for some time after birth. Midwives are

urged to see that the parents select both a girl's and a boy's name so that the baby can be named at birth whichever the sex.

The sixth session is a 2-hour demonstration showing exactly and in detail just what steps should be taken during a delivery. This includes the set-up for delivery, the actual care that the mother should be given throughout labor, and the proper diet for labor. One of the problems in this connection is the almost universal notion that the delivery should take place on the floor. Here the nurse-midwife points out to the midwives that animals have their young on the floor or the ground and appeals to them with this question: "What are you attending? A dog? A horse? A cow? Or a human being?" This usually appeals to them and most of the time they can be brought to see that a bed delivery is better. Sometimes it is the family that insists on a floor delivery. Here, too, these questions can be used.

At the seventh session after-care of the mother and baby is demonstrated. The midwife is taught how often she should visit her cases and what she should do on these visits and why.

The nurse-midwife arranges to go into the home with the midwife on the first postpartum visit to demonstrate, on this first day, the care in the home, and on the following day to observe and help the midwife to give the care. If the granny midwife has more than one

delivery during the period that the field nurse-midwife is in the area, the nurse-midwife tries to arrange to go with her into the home even on a second case to observe and help her.

Community learns about program

The field work in the county is brought to a close with a 1-day institute to which the public is invited. The purpose is to acquaint the community with what the health department is teaching the midwives; to let the midwives and the people of the community learn of their responsibilities to each other; to give recognition to the midwives who have successfully completed their course of training.

The program for the day includes not only a condensed review of the teachings given during the special class sessions, but, in addition, educational motion pictures and demonstrations, inspirational talks by persons from the State board of health, expressions from the midwives as to what they have learned in the classes, and the awarding of midwife permits and retirement certificates. Usually there is music and sometimes an address of welcome or commendation by local persons.

Both the health department and the midwives have their problems. From the viewpoint of the health department the chief problems are:

Getting the midwife to accept the idea that she should receive and could profit from instructions; finding teach-

ing methods which take into consideration her inability to read and write and her lack of information; coping with her superstitions and being patient in helping her to change from her ideas; educating the whole community, both white and colored, about the work of the health department and the midwives.

A real problem for all concerned, including the patient, is the woeful lack of medical facilities. Even in communities where medical and hospital facilities are available to white persons, at least those who can pay, this is not always true for colored, though in some sections many of these are able and willing to pay.

Another problem is getting the midwife to open her mind to teaching, because so many of them feel that there isn't anything they can be taught. Many say, "I've delivered hundreds of babies. How many have you delivered?" Actually, many such claims are grossly exaggerated. Also, many say that they have received their gift from God. "No man can teach over God," they say. They tell of being called in a vision. A common vision is the appearance of an angel dressed in white, who visits them night after night making cutting motions with the finger—symbolizing the cutting of the cord.

This religious feeling of the midwife and the belief that she has a direct relationship with God in her work must be given consideration at all times. Most of them point to a passage from Exodus as proof of this. "And the King of Egypt spoke to the Hebrew midwives . . . and he said, when ye do the office of a midwife to the Hebrew women . . . if it be a son, then ye shall kill him . . . but the midwives feared God and did not as the King of Egypt commanded them . . . and God dealt well with the midwives."

At first many of the midwives, in the light of this passage, feel justified in resisting the teaching of the health department since "God himself gives us instructions directly." As the instructions proceed, however, most of these come to believe that the new instructions are some extra enlightenment sent by God and that the health department is really an instrument of the Lord, though a few never come to see the need of

At the local office of vital records the midwife is handing in a birth certificate that she has made out for a newborn baby.



being taught. Some, however, take great pride in writing after their signature "A midwife of the State and from God." One midwife who had never heard of the board of health interpreted the opportunity for instruction as a direct and special gift from God to her.



This midwife has been taught to sterilize the removable cotton lining of her bag before packing it to go on a maternity case.

Since most of the midwives cannot read, they have to learn by memory, and often after they have become "letter perfect," there is some question of how much application they make of this knowledge. Their inability to write also makes a headache for the bureau of vital statistics, since the filling-out of the birth certificate is a highly complicated process even for persons of more education.

Some of the superstitions of the midwife are harmless, but many of them risk the life or health of the mother or baby. In coping with these the nurse-midwife tries to meet the midwife on common ground. She may humor the

midwife in such harmless ideas as putting an ax under the bed to cut the labor pains, putting the husband's trousers under the head of the bed so that he can "share them labor pains," biting the fingernails so that the baby "won't be a rogue," or putting salt on the afterbirth as it is being burned so that the mother "won't have no trouble." But she forbids such practices as giving red-pepper tea to make the baby come faster, spitting in the baby's eyes to "keep them from getting sore," putting soot on the cord to make it "heal up well."

The health department needs the cooperation of the whole community, both Negro and white, for a good midwife program. It is sometimes difficult to hold a midwife to the requirements as she often seeks the support of her "white folks" in her resistance to supervision and instructions, and too often they give such support. These white persons are swayed by false sentimentality and often undertake to "protect" the midwife from having to conform to this important health-department program. They do not realize that the program, if carried out, will save mothers' and infants' lives, but that such interference often endangers them.

The midwife has her problems too. Often she doesn't get her pay for the delivery. She has trouble getting the patients to notify her ahead of time of the expected date of delivery. Preferably she should be notified by the fifth month of pregnancy at least. Many patients say that there is no use in letting the midwife know ahead of time, since many of them will not visit the home until the patient is actually in labor. And it is true that many a midwife does actually instruct patients not to call her until they are sure they are actually in labor. When midwives are taught to give a better prenatal service, their patients may be made to see the importance of engaging the midwife ahead of time.

A real problem for the midwife is obtaining transportation, both to the midwife classes and to the homes of her patients. Commonly she walks several miles to the nearest bus station, or thumbs a ride into town. Sometimes she is able to get someone in the neighborhood to bring her into the "meeting

place" for the class, if it is not cotton-picking time. As for transportation to the patient's home, sometimes the midwife must walk; sometimes the family sends transportation.

When will midwives disappear?

The real and final solution to the midwife problem will be her disappearance from the scene when adequate medical and hospital facilities are made available to all at the price that the patients can afford to pay. Until that day the best that the State health department can hope for is to weed out the worst of the midwives and extend an improved supervision over those that are left, gradually replacing even these, if possible, with a sufficient number of nurse-midwives to give maternity care to all who need it.

But qualified Negro nurse-midwives are scarce. It takes a great deal of sacrifice to practice as a Negro nurse-midwife in the rural South. It is hard for her to get her teaching over to the group on account of their age (60-80 years) and their educational level. She cannot enjoy a settled social life, moving about as she does from one community to another. Her teaching hours are irregular, and in addition she has to get up at all hours of the night for delivery calls. She must travel in remote areas at all hours of the day or night. And most important of all, her salary is low for the qualifications necessary. It is low compared to the salary of generalized public-health nurses. And it is very low in view of the great need for nurse-midwives.

Because of the sacrifices required, the Negro nurse-midwife must be absolutely consecrated to her work, just as missionaries, clergymen, and some doctors and teachers are. Although the few women in this work enjoy inner satisfactions that result from having rendered a desperately needed service, the fact remains that there will be no considerable increase in the number of Negro nurse-midwives until salary adjustments are made that will take into consideration the additional experience, qualifications, and sacrifices required of all public-health nurses who are trained in this special field.

Reprints available on request

AN EXPERIMENT IN CHILD WELFARE

EVERY YEAR a quarter of a million children are brought before the juvenile courts of this country as delinquents. At least three times that many get into trouble that brings them to the attention of the police or school authorities but are not referred to the courts for action. A great many others, who are mentally capable of advanced school work and whose parents are able and willing to keep them in school, drop out because they are unhappy and restless. These maladjusted children become maladjusted adults. They represent a tragic loss of human material; and, as criminals or incompetents, cost their communities a great deal in dollars and cents. In most cases something could have been done for them—those who showed actual behavior problems, and those who were merely unhappy—if they had been brought to the attention of the right people at the right time. "The right time" means at the first indications of difficulty or unhappiness, before undesirable attitudes have become habitual. Too often, by the time the child reaches the courts, or even the child-guidance clinic, it is too late to do much for him.

If help is to be given to these children, it will have to be through cooperative community action. No one agency is in a position to discover all the children in the community who need help, or to supply all the types of services that may be needed in treatment. There are obvious difficulties involved in coordinating the work of such diverse organizations as the schools, the police, and the social-service agencies. This is particularly true when they are being asked to cooperate in something as unfamiliar as mental-hygiene work today. But these difficulties are not insurmountable.

Hope to prevent behavior problems

A study of the problems involved in a community approach to the prevention of maladjustment in children was made in St. Paul, Minn., between 1937 and 1943, under the direction of the United States Children's Bureau.

In establishing the project the Chil-

dren's Bureau placed its emphasis on the study of social services to all children with personality and behavior problems, however mild, and of finding ways of preventing development of such problems. The project had three general objectives: (1) to study the problems confronted in the identification and treatment of children presenting personality and behavior problems; (2) to study the problems involved in the development and integration of agencies and organizations concerned with children; and (3) to study ways of interpreting to the community its needs in services to children.

In order to acquire experience that would be applicable on a Nation-wide basis, the Bureau planned the project to be set up in a city of medium size, where the conditions would be typical of the average urban community. St. Paul was selected as such a city. An area was circumscribed for the work, so that the number of children included would not be too large for the purposes of the study. Also in this limited area it was expected that the staff could become personally acquainted with the community and the people serving it. The population of the area was about 20,000 persons. Nearly nine-tenths were native white, about one-tenth foreign-born white, and less than 1 percent Negro and other nonwhite.

The area's record for juvenile offenses was not the worst in the city, but it was somewhat worse than that of the city as a whole. Likewise, figures showing need of the people for financial relief indicated that the area was not the neediest in the city but that its need was significantly higher than that of the city as a whole. Other figures lend support to the impression that the area represented a fair cross section of urban life.

The project staff included a psychiatrist, who was the local director of the project; a psychologist, who was responsible for the psychological service and the program of evaluation; two case workers, one of whom assumed responsibility for contact with the police and courts; a group worker; and a school

social worker assigned by the community to work with the project.

Close relationships were maintained with the city's health agencies.

The project acted on the philosophy that the child should be treated as a whole and his problems considered as a unit. No new techniques of treatment were attempted, but the staff adopted exceedingly flexible procedures in the use of proven techniques and services. Treatment might be intensive, or it might be limited in its scope. The workers adhered to no rigid order in giving services. Group work might be introduced before case work; psychological service might be first or last; all services or only one service might be offered. The total contribution to the



Jack, mischievous and noisy, isn't so likely to need guidance as is his brother, who is quiet and doesn't care to play.

child and the community was considered important, rather than the individual services.

A full report of the work done has been published under the title: *Children in the Community*; the St. Paul experiment in child welfare. (Children's Bureau Pub. 317, Washington, D. C., 1946.) Although the special difficulties encountered, and the solutions arrived at, apply only to the area in which the study was made, certain general princi-

ples emerge which are applicable everywhere.

The first need is to identify the children in need of help. Everybody knows the boy who is clumsy and irresponsible, who trips over anything that is in his way, tears the sturdiest clothes, and forgets to take his school books home. Most people know that these are things he will outgrow, that he is a nuisance rather than a problem, and that all that is needed here is patience. But when asked to list the problem children they know of, this is the type of boy a great many people think of first.

Most people are apt to overlook a quiet, well-mannered boy, who does his work well but refuses to join the others on the playground. Adults probably tell him to run along and play. But as likely as not they do not even hear what he says in protest. The boy who thinks the others do not like him, who believes they all stand together against him, is living in an agony of fear and guilt. He may be an attractive enough child, with no reason an adult can see for feeling inferior or disliked. Frequently the other children do not dislike him; they are merely indifferent because he doesn't seem to want their company. Such a boy may do well in school because he would rather study than be outdoors; all his contacts with adults may be pleasant, since he clings to adults for protection. But he can be a desperately unhappy child and desperately in need of help. This is not something he will outgrow. As he becomes older his feelings become more firmly fixed. The situation perpetuates itself. His attitude, which at first was clearly unjustified, gradually builds up facts which justify it. This is a boy who should be brought to somebody's attention quickly, before serious damage is done.

First aid in mental hygiene

The St. Paul experiment demonstrated conclusively that most people who work with children—parents, teachers, police and probation officers, nurses, social workers, and so on—can learn a sort of first aid in mental hygiene which will enable them to recognize those who are really in need of help. Members of the experimental project staff met with local groups and dis-



Concentrating on their club affairs is keeping this group of youngsters so busy that they have no time to get into trouble.

cussed children's problems, pointing out the kinds of behavior that should be considered questionable at different ages. At first the difficulties brought to their attention were either behavior problems of long standing for which little could be done, or misbehavior that was more annoying than serious. There was a general tendency to report behavior that disturbed others and not to recognize types of behavior injurious to the child himself. All cases were accepted, however, and used as demonstrations of what could and what could not be accomplished. The workers found that the proportion of real problems referred to them increased, and increased in direct proportion to the amount of educational work done with a particular group of adults.

Almost any adult in day-by-day contact with children can learn to identify the children that need attention. To assure proper coverage, responsibility for identification must rest on the largest possible number of workers. But to diagnose the child's trouble is another matter. That requires special facilities and cooperation among numerous agencies.

There is the case of the boy who doesn't get along in school. He pays no attention when he is spoken to and forgets everything he is told. Why? Perhaps he is worried. Perhaps he

cannot keep his mind on arithmetic because he is thinking of what his father said last night when he was drunk, or of how his mother cried this morning. Perhaps he is bored. Perhaps everything the teacher says is so easy and so tiresome, his mind is forced to run ahead inventing more interesting problems for itself. Or perhaps the work is too difficult for him. Too frequently we assume that this is the case and keep him back a year. But unless the child is mentally retarded, and often he is not, this only aggravates his problem.

The difficulties which a child shows in one part of his life—at home, on the playground, in the classroom—never exist in isolation. It is always the whole child that is involved. It is his home life that is affecting his school work; it is unhappiness on the playground that makes him unmanageable at supper. All who deal with children must realize that they are dealing with only one phase of the particular child and that their work and their knowledge must be supplemented from other fields to be really effective. The best diagnosis of a child's situation, the best plan for treatment, can be made only by someone in a position to see the child as a whole, someone who will not give undue weight to the particular problem which has brought the child to

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FEDERAL AGENCIES JOIN IN PLANNING FOR YOUTH

A NATION-WIDE program for youth is needed, says the Inter-agency Committee on Youth Employment and Education. In its report to the Director of War Mobilization and Reconversion after more than a year's work, this committee urges that the Federal Government, as well as State and local governments, participate in such a youth program. Such a program it believes essential in order that each generation of the Nation's boys and girls as they grow up may be equipped to become responsible citizens with a capacity for personal development and social usefulness.

This committee is composed of representatives of agencies of the Federal Government that are particularly concerned with youth. Its chairman is Katharine F. Lenroot, Chief of the Children's Bureau. Its secretary is Elizabeth S. Johnson, Assistant Director of the Child Labor and Youth Employment Branch, the organizational unit that is carrying forward the child-labor program in the Division of Labor Standards of the Department of Labor.

The young people particularly referred to in the report are boys and girls 14 through 20 years of age, at work, in school, or entering the working world. It is concerned chiefly with nonveterans in this age group, as veterans are served, at least partially, by special programs, the report points out.

The committee's report reviews some of the conditions that are bringing about special difficulties that stand between young people today and the opportunities they should have for education and employment. It offers recommendations to the Director of War Mobilization and Reconversion as to what actions it believes the Federal Government should take to advance the opportunities of young people. It suggests some new departures and some new emphases for present programs.

The committee points out that whole regions, many States, and large areas within States are inadequately supplied with elementary- and secondary-school facilities; that the facilities that are available are poor, and that often the schools are too far away from home for

many children. At this time a college education is difficult for nonveterans to get, on account of the large number of veterans enrolled, assisted by GI benefits. And of course, many young people simply cannot afford to get much education even if opportunities are available. The report says that in the upper-income group nearly all the children finish high school, but in the middle group only 60 percent, and of the lower-income group only 30 percent.

Large numbers of young people just out of school are having a hard time getting satisfactory jobs. Employers prefer adults, and expect more in the way of training, education, and personal qualifications than they did during the war. And they are offering less in wages, job security, and promise of advancement. Some boys and girls have to work under substandard conditions and without adequate legal safeguards.

To meet problems of vocational adjustment young people need, more than ever before, the help of counseling and placement services, but these services are available to few.

Not many communities know enough about what is happening to their young people and the job problems they face. And they are not sufficiently aware of what new situations these young people are likely to face. It is in the individual communities throughout the country that services must be developed to meet the basic employment and educational needs of the young people. It cannot be done by governmental action alone.

RECOMMENDATIONS FOR FEDERAL ACTION

The committee sets the following broad objectives for action by the Federal Government to help to solve the problems of young people:

1. School programs that serve the individual needs of all young people at least to 18 years of age or through high school, and higher education for those whose abilities and aptitudes make it desirable.
2. Removal of financial barriers to school attendance due to costs of attending school, including the development of a rounded program for student aid.

3. Suitable job opportunities for young people ready for employment, under varying labor market conditions.
4. Good standards of employment for young people, including safeguards against too early child labor, low wages, and harmful working conditions.
5. Good counseling and placement services for all young people to help them make wise vocational choices and find suitable employment.
6. Community action on behalf of youth that will bring into play all available resources and plan and put into effect programs to serve the individual needs of all its young people for education and employment.

I. School programs

In an effort to provide school programs that serve the individual needs of all our young people the Government should:

- A. Provide Federal financial aid to States in such amounts and so administered as to make possible development in every State of broad and varied school programs adapted to the individual needs of all youth, including guidance services of high quality and a proper balance between general education and specialized vocational programs.
- B. Provide Federal aid to States for construction of educational facilities.
- C. Press forward on action as recommended in the report, "The Veteran and Higher Education," to increase as rapidly as possible the facilities of universities, colleges, and technical institutes.
- D. Provide funds and staff for more extensive consultant service on improved methods of education for both in-school and out-of-school youth and on methods of developing guidance services in the schools.

II. Financial aid

To remove financial barriers to school attendance due to costs of attending school the Government should:

- A. Formulate a Nation-wide program for providing financial aid to stu-

dents in secondary schools and in institutions of higher learning, with sufficient funds provided to conduct research needed for this purpose. (The committee has undertaken preliminary explorations along the line of student aid, and copies of a brief report may be had from the secretary.)

B. Encourage elimination of expenses to students incidental to school attendance—for example, laboratory and other fees, dues for participation in school events, and charges for text books and supplies—and provision of such supplementary services as transportation and school lunches.

C. Liberalize public assistance to families in need, with special reference to budget allowances for the school expenses and educational plans of young people. Agencies administering grant-in-aid programs for public assistance should give increased consideration to these needs. Federal legislative action is needed to remove the maxima on the amount of assistance the Federal Government will match, and to provide Federal grants to States on a variable basis that will assure proportionately greater aid to States with least financial ability.

III. Job opportunities

As steps in obtaining suitable job opportunities for young people ready for employment, the Government should:

A. Provide expanded facilities for research on employment conditions under which children and young people work, and consultant service on methods of improving conditions.

B. Encourage the extension of the national apprentice-training program to all communities where apprenticeships should be made available, thus providing wider opportunity for young people.

C. Study desirable means of furnishing work and training opportunities for unemployed youth under public and private auspices in case unemployment should become serious. (This should include consideration of programs under conditions of either moderate or critical unemployment, and should be carried on in relation to the work of the Council



Gil and Frances go to and from high school in the bus, but thousands of boys and girls in this country do not get a high-school education because their homes are far from any high school, and there is no transportation available for them.

of Economic Advisers set up by the Employment Act of 1946.)

IV. Employment standards

In order to set up and adhere to good standards of employment for young people, including safeguards against too early child labor, against low wages, and against harmful working conditions, the Government should:

A. Support revision of the child-labor provisions of the Fair Labor Standards Act to extend their application to employment by the Federal Government, to all employment in interstate commerce, and to employment in industrialized agriculture at any time.

B. Promote observance of good child-labor and youth-employment standards in the conduct of programs of all Federal agencies, whether such agency is an employer of young persons or an administrator of programs serving young persons.

V. Good counseling and placement services

To help young people make wise vocational choices and find suitable employment, the Government should:

A. Expand public employment-service facilities so as to make possible a high quality of employment counseling and placement service to all young people in need of it, including

(Continued on page 79)

Laboratories, modern classrooms, good teaching services, and other requirements for good schools cost money. And the States vary in their ability to pay. Some States can pay an average of \$203 per pupil; others can pay no more than \$42.



MEDICAL CARE FOR EVERY FAMILY

REPRESENTATIVES of the public throughout the country, as never before in our history, are joining hands with health and medical-care administrators and members of all the health professions in a review and analysis of the people's needs for health facilities and services. Symbolic of this social movement in the field of health and medical care is the Commission on Hospital Care. The commission is a public-service committee set up to study hospital services in the United States. It is composed of representatives of the public, industry, labor, agriculture, education, hospitals, and the health professions. This commission is preparing a comprehensive report covering the need for health and medical-care facilities, the function of hospitals as community-health and medical-care agencies, and influences and trends in hospital service.

Fortunately, for those of us who are interested in the work of the commission, a monthly Hospital Survey News Letter has been published under the direction of Dr. A. C. Bachmeyer, who is the director of the studies being made by the commission. Persons everywhere who are concerned with the health and welfare of children are rethinking community and State needs and public responsibility for improvement of the health status of children, the true meaning of the term "group practice," and the role of the hospital as a social agency in the community. The following discussion of these problems, from the May 1946 Hospital Survey News Letter, should be of particular interest to the readers of *The Child*.

Public need

"We are faced with the problem of providing all the people with the most efficient and economical medical care possible. A large portion of the public does not now receive adequate medical care. They will not receive it unless a means is found whereby the number of physicians we now have is more evenly distributed among the population.

There is great disparity between the number of physicians in our large cities and in the less populous areas of the country.

"In order that a larger proportion of the public may afford a proper quality of medical care, the services of physicians must be made available at considerably less than present costs. If more efficient use is made of the physicians' time and effort, it follows that their services could be provided at less expense to the individual patient.

"In many small communities and in sparsely settled areas where there are no adequate hospital or diagnostic facilities, it has been almost impossible to attract members of the medical profession to practice. The graduate of the modern medical college is reluctant to practice in an area which has no hospital or other readily available facilities for diagnostic assistance. His education is obtained in large institutions which are well equipped with modern aids to diagnosis and therapy and staffed by able men particularly skillful in one or another of the special fields of medicine. He is cognizant of the need of these aids and the value of consultation in providing adequate medical care. It is largely for these reasons that the present-day physician is loath to go to a region in which such facilities and assistance are not readily available.

"The large number of people residing in these rural areas must have competent medical care. The situation presents a challenge to the medical profession and the American people. How can the medical profession help solve these problems?

Group practice

"Group medical practice is the application of medical science by a number of physicians working in systematic association and having joint use of equipment and technical personnel, with a centralized administrative and financial organization. The coordinated efforts of a group of physicians can provide the individual patient with

medical care of a higher caliber than is possible by equally skilled physicians working separately.

"Since World War I there has been a growing trend toward group practice in medicine. That war provided a stimulus to the movement in that a great many physicians were exposed to the idea as a result of their military service. There are many indications that the experiences obtained in World War II will give additional impetus to this development. The profession and the public are aware of the many advantages inherent in this type of medical practice. When the system has failed, the fault in most instances has been in the organizational structure, the division of income and expense or in antagonisms on the part of the profession.

"The development of specialization in medicine continues to foster the trend toward group practice. Further impetus was given during the last decade by the development of prepayment plans for medical care and hospital service which are readily adapted to this form of medical practice.

"With proper organization, agreement among the members of the group as to financial matters and control of quality of service and other relationships, group practice should be of far greater value to the public and the profession alike than practice by the physician working alone.

"The following paragraphs are devoted to an analysis of some of the problems faced by the medical profession and hospitals in the reorganization of their services to serve the public need more effectively.

Role of the hospital

"An essential feature in the development of group practice in any community lies in providing adequate quarters to house the offices of physicians, their technical assistants, and the equipment for diagnosis and treatment. General hospitals should be the headquarters for all types of medical practice. By providing the facilities required for complete medical care they can become the center about which professional services can be organized in such a way that the benefits of group action would supplement the efforts of individual practice.

"Close association with other doctors stimulates professional activity and in-

terest through personal contact and exchange of ideas. This in turn would preclude the possibility that the individual physician, suffering from self-complacency, would slip into a rut of mediocrity.

"Opportunities for social and professional contacts with men of similar interests, coupled with a proper income, should prove of considerable significance in influencing the graduates of medical schools to locate in rural areas.

"Regular hours plus periodic vacations and leaves of absence for study are

quate supervisory controls designed to eliminate the possibility of individual members treating cases they are not fully qualified to handle is not easily accomplished. The distribution of income among members of the group must be tactfully handled. But many organized groups of physicians have overcome these difficulties through cooperative effort and are now offering more and better medical care in their communities.

"The methods of group practice have been applied in the provision of medical service to indigent patients in the wards of hospitals. However, this system has not been expanded to include service to regular paying clientele in most instances. When the merits of group practice have been recognized as desirable for one group of patients, it would seem logical to apply the method to all patients. It is believed that the formal organization of group-practice units in general hospitals could be effected easily.

"In some areas, the hospital has become the headquarters for a highly efficient and economical medical service in the community through group-practice arrangements. Facilities are provided for doctors' offices in or directly adjacent to the hospital. Methods have been worked out for the common use by all physicians of personnel and equipment, and thus unnecessary and costly duplication of facilities and effort have been eliminated. Under such arrangements, there is often a sufficient volume of work to justify employment of more highly trained and skilled technicians.

"Doctors, having ready access to complete facilities for diagnosis and therapy, are saved a great deal of time in travel between office and hospital and also have expert professional advice available for consultation in special cases with a minimum expenditure of time and effort, particularly on the part of the patient.

"Although primary interest in this regard centers about the voluntary hospital, it should be pointed out that governmental medical service as provided in institutions operated by the military services, by the Veterans' Administration and in many State, county and municipal hospitals is based upon organized group-practice methods."



Bim is lucky, for he lives in a place where the doctor can give him regular check-ups. In some regions doctors are scarce.

as necessary and would prove as invigorating to a physician as to any other member of the public. The establishment of a prepayment plan for medical care would provide reliable source of income and would eliminate the need for devoting professional time to the business phases of medical practice.

"There are problems to be overcome. It is difficult to select competent physicians capable of long-term close association with other members of the professions. The establishment of ade-

FOR YOUR BOOKSHELF

YOUTH REPLIES, I CAN; stories of resistance, edited by May Lamberton Becker. Alfred A. Knopf, New York, 1945. 192 pp. \$2.

That "I am always hungry," the unspoken obligation to these stories of war-time, should go on now—after the fighting has stopped—is a major tragedy of our "peace."

The stories are written for children by a distinguished group of 12 authors, some of them natives of the countries they write about. But these vignettes, giving their sharply outlined instances of courage in the midst of terrorizing brutality are perhaps of more value to adults. If these stories by Jan Masaryk, Sigrid Undset, Robert Goffin, and others help to quicken us to a sense of our obligation, they will have put us a little further along the road to "education" as defined long since by Bertrand Russell. We can never, he said, consider ourselves truly "educated" until we are as deeply aware of and moved to action by the hunger of a child on the other side of the world as we would be by the need of our next-door neighbor.

Marion L. Faegre

FAMILY ALLOWANCES IN CANADA; Facts Versus Fiction, by Margaret Gould. The Ryerson Press, Toronto, 1945. 38 pp. 25 cents.

This pamphlet, published as one of a series, "Canada Must Choose," is directed toward criticisms of the Canadian "Family Allowance Act, 1944," including, among others, those made in two preceding pamphlets in the series: "Baby Bonuses: Dollars or Sense?" by Charlotte Whitton, and "The Revenge of the Cradles," by C. E. Silcox. Taken together, these three papers show the range of issues that arise in considering this important addition to the Canadian social-security system. Miss Gould aims to refute objection to children's allowances with statistical and other factual data, and she does not hesitate to make a spirited defense of the measure in the area of social philosophy and opinion.

Edward E. Schwartz

IN THE NEWS

Two CB advisory committees meet in joint sessions

How the increased Federal funds for maternal and child health and crippled children's services, recently made available by Congress to the States under the Social Security program, can best be used by the States to reach greater numbers of mothers and children was discussed at a joint meeting of two Children's Bureau advisory committees, the Advisory Committee on Maternal and Child-Health Services and the Advisory Committee on Crippled Children's Services, held at the Bureau, September 16-19. State health administrators and directors of maternal and child-health services in State health departments met during the same week, and two committees of the Association of State and Territorial health officers worked with the Bureau on plans for the new programs.

For communities without services

The committees' work at this meeting was directed toward the twofold objective of how the new Federal funds might best be used (1) to make headway in getting these health services to communities now without them; and (2) to lay the foundation for an expansion of the programs to the end that they will some day be Nation-wide in scope and within reach of all mothers and all children.

Chief among the committees' recommendations was one asking that a considerable portion of the Federal money be used for the training of personnel to meet severe shortages everywhere in the country that are today holding back development of these services. Higher salaries for the personnel involved in these programs were also called for as a means of attracting qualified men and women to the field.

Another major recommendation called for establishment of complete maternity-care demonstration projects, such projects to be set up in rural areas of great need and maintained over a period of years to show by example what might

be done in getting comprehensive maternity care of high quality to a group of women who now often lack even the most elementary care.

Specific recommendations looking toward better maternity care called for use of funds for (1) State assistance to graduate schools to provide education for professional personnel needed in maternity-care programs; (2) establishment of blood banks in strategic centers in order to make early transfusion possible and thus save many mothers' lives; and (3) chest X-ray examinations of all maternity patients to detect tuberculosis and other conditions. The need for additional maternity-hospital facilities was also stressed. It was urged that this need be kept to the fore in the hospital-construction program that is now being undertaken with the use of Federal funds.

Similar demonstration projects were also proposed as a step toward getting comprehensive medical- and dental-care programs established where most needed for pre-school and school-age children.

The committee gave special attention to the need for providing better care of prematurely born infants, among whom there is such a large loss of life. Funds would be used, under the committee's recommendation, to assist hospitals in equipping and maintaining facilities for the care of these babies. Funds would also be used to pay for their care, which is long-continuing and expensive, and for the care of sick newborn infants. Trained personnel is also greatly needed in this field, the committee pointed out.

Needs of crippled children

In considering the needs of the crippled children, the committees called for an expansion of services of the kind now in operation to reach more of the orthopedically handicapped, the largest group being cared for. At the same time, the committees put forward the special needs of children with rheumatic fever, speech and hearing defects, epilepsy, and chronic illnesses.

Special attention was directed toward

children with cerebral palsy. The Bureau was asked to make a Nation-wide survey to determine the number of such children and how they are being treated, and also to look into the situation of crippled children, including those with cerebral palsy, in institutions for the mentally defective. Many such children, whose handicap is wholly physical, it was pointed out, are wrongly considered mentally deficient.

Another highly important recommendation in regard to crippled children called for regional planning under the program so that the best use of fully qualified personnel would be encouraged. Such personnel is not always available within the State. By drawing upon the services of specialists in adjoining States, State crippled children's agencies would, under such circumstances, be able to meet many of their problems in getting care to the children on their own lists, the committees pointed out.

Tackling the problem of the need for mental-health services for children and existing personnel shortages in the field, the committees called for the stepping up of training programs in the schools and colleges. A first need, they concluded, was to train people who in their turn could train others. With that end in view, training fellowships should be given to those who would themselves be capable of teaching and of heading new training clinics.

The Children's Bureau was asked to assist and even to finance projects that would carry out selected experiments in professional education in the field of mental hygiene. It was also recommended that the Bureau expand its own clinical staff. Through such a staff, it was pointed out, the Bureau would be in a position to advise the States in the development of their mental-hygiene programs. Another need stressed by the committees was for development of increased hospital facilities for emotionally disturbed children.

On the question of whether or not a means test should be used in determining the eligibility under these programs, the committees voted unanimously that "those knowledges and services which deal primarily with the prevention of disease, the promotion of health in a

positive sense, and the detection of incipient disease form a part of the basic community health program and should be available for every person at every economic level." Furthermore, the committee recommended that for services of this kind the Children's Bureau should insist that no means test be permitted.

On the question of whether or not medical care should likewise be provided under these State programs without regard to the family's economic status, the committees held that it was a somewhat different problem, although "still a problem much more closely related to public health than to poor relief." However, the committees continued, "where funds for medical care are inadequate for universal coverage, preference should be given to those most in need." The committees urged the Bureau to encourage the study and eventual development of a pattern whereby essential medical services might be made available to all, irrespective of residence, race, or economic status.

Dr. Nicholson J. Eastman, Professor of Obstetrics, the Johns Hopkins University School of Medicine, and Dr. Oscar L. Miller, Consulting Orthopedic Surgeon, North Carolina Orthopedic Hospital, served as cochairmen at the joint meetings. Subcommittees were headed by Dr. Edward S. Rogers, Assistant Commissioner, Office of Medical Administration, New York State Department of Health; Dr. Lawrence J. Linck, Executive Director, the National Society for Crippled Children and Adults, Inc.; Dr. Jessie M. Bierman, Chief, Bureau of Maternal and Child Health, California State Department of Public Health; Dr. Wilburt C. Davison, Dean and Professor of Pediatrics, Duke University School of Medicine; Dr. M. Edward Davis, Professor of Obstetrics and Gynecology, University of Chicago School of Medicine; Dr. Frederick H. Allen, Director, Philadelphia Child Guidance Clinic; and Dr. C.-E. A. Winslow, Professor of Public Health, Yale University School of Medicine.

Watson B. Miller, Administrator of the Federal Security Agency, and Arthur J. Altmeyer, Commissioner for Social Security, addressed the committees.

YWCA adopts national public-affairs program

At its seventeenth national convention—its first since Pearl Harbor—the Young Womens Christian Associations of the United States, at Atlantic City, N. J., March 1946, adopted a new public-affairs program. This program, which represents the latest development in the long-continued interest of the YWCA in public affairs, takes up civil liberties and democratic rights, international relations, social and economic welfare, minority groups, education, public health, and special problems of youth. Part of the program adopted is as follows:

SOCIAL AND ECONOMIC WELFARE

* * *

Child labor

In order to safeguard the welfare of children and prevent the general undermining of labor standards,

We will work for:

Strict enforcement and improvement of existing State child-labor laws;

Enactment of [child-labor] laws in States where there are none [that are adequate];

Ratification of the Child Labor Amendment to the Federal Constitution;

Strict enforcement of the Fair Labor Standards Act.

* * *

Employment, training, and vocational guidance

A strong Nation-wide employment service is essential to make sure that available workers and available jobs are brought together.

We will therefore work for:

A strong national service in which States will maintain certain minimum standards of facilities, personnel, and nondiscriminating policy prescribed by the Federal agency.

Appropriations, Federal and State, necessary to administer its program effectively.

Extension of vocational guidance and counseling.

Equality of training and job opportunity for all people regardless of race, creed, sex, color, or marital status.

EDUCATION

Recognizing that the welfare of our Nation is largely dependent upon the intellectual adequacy of its citizens,

We reaffirm our belief in equal educational opportunity for all people of the United States, and will support legislation to bring this about.

We will work for the improvement of educational standards in relation to teacher training, salaries, and curricula.

We will work for personal and vocational guidance in schools for all youth.

* * *

SPECIAL PROBLEMS OF YOUTH

In considering the above program the special problems of youth should always be remembered. Policies should be established which will provide more adequate and more closely coordinated educational, recreational, and economic opportunities for youth.

We will work for—

More adequate recreational facilities for young persons, including the fuller after-school use of school buildings;

Federal, State, and local planning designed to provide adequate educational and work experiences;

Establishment of a special division for youth in our public employment agencies, and more adequate vocational and educational guidance for all youth, in order that they may develop their skills and abilities and become intelligent and responsible citizens in our democracy.

SOURCE: *National Public Affairs Program; a program of study and action. National Board, Young Womens Christian Associations, 600 Lexington Avenue, New York 22, N. Y.*

Henry W. Thurston 1861-1946

On September 19 came the news that Dr. Henry W. Thurston had died that day at his home in Montclair, N. J., at the age of 85 years. He had been granted the boon of a long life and the ability to pursue quietly and hopefully until the very end the task of interpreting child care and training.

At the time of his death Dr. Thurston was engaged in writing a book on the training of children for civic responsibility, a subject in which he had become

interested during his early teaching career in Illinois.

In 1905 he became Chief Probation Officer of the Chicago Juvenile Court, and soon thereafter Superintendent of the Illinois Children's Home Society. In 1909 he was chosen as the head of the children's department of the New York School of Social Work; he retired in 1931.

During the past 15 years he divided his time between writing, cultivating flowers, and keeping in touch with those of the younger generation whose interests he helped to mould.

His notable book on "The Dependent Child," first printed in 1930, has become a classic. It is a vivid story of changing aims and methods in the care of dependent children. Another of his books, "Concerning Juvenile Delinquency," published in 1942, describes the changing perspectives in treatment.

For many years Dr. Thurston was an active member of local and national committees and an officer of the Child Welfare League of America. His faith in the progressive enrichment of child life never ceased to burn brightly.

Emma O. Lundberg

American Education Week

The twenty-sixth observance of American Education Week, November 10-16, will have for its general theme "Education for the Atomic Age." The sponsoring organization is the National Education Association, 1201 Sixteenth Street NW., Washington 6.

Department of Agriculture's Interbureau Committee makes recommendations on child labor in agriculture

The Department of Agriculture's Interbureau Committee on Postwar Programs at the War's End has included in its recommendations to the Secretary of Agriculture the following:

"In addition to being covered by certain social-security programs, farm laborers should be included in the application of labor standards set by either State or Federal statutes, and the provisions of child-labor laws should be

made applicable to all children working for wages in agriculture."

SOURCE: *Report of the Interbureau Committee on Postwar Programs at the War's End*. U. S. Department of Agriculture, Washington, September 27, 1945. 12 pp. Processed.

Child labor in vegetable-packing sheds

Holding that the courts should not treat lightly their responsibilities under the child-labor provisions of the Fair Labor Standards Act of 1938, the United States Court of Appeals for the Fifth Circuit in Mississippi recently reversed a lower-court decision in child-labor cases brought by the Children's Bureau and ordered injunctions against two employers to restrain them from further violations of the child-labor provisions of the act.

Charges against the two companies, both of whom operate vegetable-packing sheds at Hazlehurst, Miss., grew out of inspections over a 4-year period, which disclosed that despite warnings by the Children's Bureau and promises to the contrary on the part of the management, under-age children were being employed, and other stipulations for the protection of young workers were being ignored. At one time 10- and 12-year-old children were found working.

At issue in the case was the refusal of the trial judge to grant injunctions sought by the Children's Bureau against the companies restraining them from future violation of the child-labor provisions of the act. The district court, while admitting that the violations had occurred, stated that the general standing and reputation of the defendants was such as to assure their future compliance with the law.

The higher court, in reversing that finding, maintained that the trial judge had exceeded his authority. "Repeated, persistent, and deliberate violations by the defendants," the court held, "must be balanced against the reputation of which the trial judge spoke. Confronted with facts showing active violations, belief in a future course of law-observance, based merely upon the defendants' reputation of being law-abiding, is not enough. Lip service to a law, with a background of violations, does not guarantee future compliance."

Enforcement of the child-labor provisions of the Fair Labor Standards Act has been the responsibility of the Industrial Division of the Children's Bureau ever since the act was passed, in 1938. Under the President's recent reorganization plan the Industrial Division has become the Child Labor and Youth Employment Branch of the Division of Labor Standards, Department of Labor, and continues to have the responsibility for enforcement of the child-labor provisions of the act.

Cuban Children's Bureau reports on its work

Set up as a wartime agency in Cuba's Ministry of National Defense, the Children's Bureau (Oficina del Niño), in Habana, has been continuing its activities since the end of the war. The Bureau has five divisions, as follows:

Division of Education.—This Division has established a trade school for boys. It takes measures to check street begging by children; and it helps to observe Children's Week and Mother's Day.

Legal Division.—Extension and improvement of birth registration is the work of this Division. It gives free legal aid in cases involving birth registration, legitimation of children, and marriage.

Medical Division.—With the aid of school physicians, this Division has made a survey of the nutrition of school children in several parts of the country. It is planning to study causes of under-nourishment and to advise parents about their children's health. Large numbers of bulletins on balanced meals have been distributed by this Division to schools, trade unions, mutual-aid societies, and other organizations. Six lunchrooms for school children are maintained in as many cities. Posters calling attention to the need of proper food and rest for children and observance of other rules of hygiene have been placed in public buildings throughout the country.

Division of Social Welfare.—This Division gives money and clothing to children in needy families in order to enable them to attend school.

Division of Information.—Radio broadcasts on various subjects relating to child health and welfare have been arranged by the Division. It also distributes material for use by lecturers.

In line with its general purpose, namely, to work for the improvement of the physical and mental condition of Cuban children, the Bureau cooperates with other organizations that have similar purposes.

SOURCE: *Informe de Actividades de la Oficina del Niño, Habana, Cuba [1946]*.

State school officers' policy on child labor and school attendance

The National Council of Chief State School Officers, at its 1946 annual meeting held February 1-3 at Buffalo, N. Y., included in its statements of policy the following on child labor and school attendance:

Child-labor regulations

The council endorses child-labor regulations to protect the health, morals, and education of all children and to that end urges that child-labor laws be such as to permit all students who can profit from education to continue in school at least through the twelfth grade.

School attendance

The council commends the Nationwide program of encouraging children to continue their education rather than to drop out of school for purely financial remuneration at this time or for any other excuse not essential to civilian and war needs, and in the case of the latter, where only absolutely necessary.

Our October cover picture, a Library of Congress photograph taken by Esther Bubley for OWI, shows a high-school boy who is learning about distant corners of the earth. Too many boys of his age in the United States do not have the advantage of a high-school education.

Other credits: Pp. 66 and 68, by Melville A. Taff for Louisiana State Health Department; p. 67, Children's Bureau; p. 69, by E. A. Powell for South Carolina State Board of Health; p. 70, Library of Congress, by Arthur Rothstein for OWI; p. 71, Library of Congress, by Russell Lee for Farm Security Administration; p. 73, upper, NYA, lower by Philip Bonn for U. S. Office of Education; p. 75, Library of Congress, by Marion Post Wolcott for Farm Security Administration.

St. Paul Project

(Continued from page 71)

another person's attention. This requires an organization or individual whose function is to assess the total situation, who is in a position to gather information from various sources in the community and to call upon the special services needed in treatment.

In the project area in St. Paul this function was carried out by the project itself. Later, the city had its own Coordination Center for Community Services for Children, which was part of a total community program. It was established under the direction of the welfare council to develop closer coordination between the schools, the police, and the case-work agencies.

In a community too small to justify an organization of any size, the county child-welfare worker might carry the responsibility. But whether it is carried by an agency or an individual the diagnosis and treatment of children's problems will require cooperative work among many dissimilar professions. The St. Paul staff found that they could accomplish this best by means of liaison workers, men and women familiar with more than one profession and able to interpret one to the other.

The report of the work done in St. Paul will be of interest to everyone working with children who present behavior problems and to men and women everywhere who are interested in community planning for services to children. It analyzes in great detail the types of problems that must be expected and the solutions which proved valuable in one particular instance. But it is not a blueprint that any community can follow. The best solution in any case will depend on factors peculiar to that case.

One community can learn from the experience of another, but it must solve its own problems with the facilities at its command. It is to be hoped that many experiments similar to the one in St. Paul will be undertaken and that the findings will be made available to people everywhere working along similar lines.

Single copies of the full report on the St. Paul experiment in child welfare (Pub. 317) may be had without charge by writing to the Children's Bureau.

Interagency Committee

(Continued from page 73)

close working relations with schools and other community agencies serving young people, and stimulation of suitable job opportunities for young people. (A Statement of Principles of Placement Service for Young People can be obtained from the committee's secretary.)

B. Encourage expansion under State and local auspices of other facilities for counseling young persons both in and out of school.

C. Expand research in the field of occupational outlook and promote wider dissemination and interpretation of this knowledge to youth, with emphasis on long-range employment prospects.

VI. Community action on behalf of youth

To contribute to community action that will bring into play all available resources and put into effect programs to serve the individual needs of all its young people for education and employment, the Government should make facilities and funds available to appropriate Federal agencies for the encouragement of community action to meet youth needs.

Research and experimentation are necessary to develop means of obtaining a maximum of community participation and genuine coordination of the many services and programs in the local community, and of assuring that the services reach those most in need of them. This program should include study of methods of stimulating and administering services to youth from the points of view of the Federal Government, of States, and of local communities. (The committee has prepared a report, "Your Community and Its Young People—Their Employment and Educational Opportunities," suggesting to communities ways in which they can plan local activities to meet youth needs, and presenting questions on which information or decision is needed. This project is a beginning on which the participating agencies can capitalize if given the staff and facilities to do so. Copies may be obtained either from the committee's secretary or from the Children's Bureau.)

WE JOIN HANDS

I am extremely glad to have the Children's Bureau as a part of the Federal Security Agency family and to welcome the staff as members of that family. We have long had a community of interests and objectives, and I believe our new relationship will facilitate and mutually strengthen our operations.

All the Federal Security Agency programs have a significant bearing on the work of the Children's Bureau, which is designed to promote the welfare of children and young people.

Health, education, and security are primary and essential factors in building the kind of well-rounded lives we believe all children should have. It will be our aim in the Agency to join more closely the various channels of Government leadership and aid in these fields.

I do not mean that operating units within the Agency are in any way to lose their identity.

For instance, with reference to the status and future of the Children's Bureau as a part of the Federal Security Agency, I want to make my position perfectly clear.

I believe that the Children's Bureau should be kept intact and that it should continue to discharge the same functions that it has discharged so effectively in the past.

I believe that the welfare of our children is of such paramount importance to the welfare of America that there should be and must be a specialized agency charged with the responsibility for promoting the interests of children.

I believe that we can retain all the advantages of the necessary integration of these specialized functions with other functions dealing with human welfare, such as health, education, and social security. It is a problem of developing the necessary interrelationships and procedures. These matters are receiving the immediate and continued attention of officials of the Federal Security Agency and I am confident will be worked out so that the influence of the Children's Bureau is not only maintained but greatly magnified because of its opportunity to influence the policy of other units of the Federal Security Agency whose activities affect the welfare of children.

The Federal Security Agency is organized on the basis of four operating divisions. After much discussion, it seemed best from an organizational and administrative standpoint to place the Children's Bureau within the operating division known as the Social Security Administration. However, it is well recognized that the interests of the Children's Bureau not only transcend divisional lines within the Agency, but also transcend departmental lines within the

Federal Government. Therefore, it is necessary that the Children's Bureau have the requisite freedom in maintaining direct contact with other units of the Federal Security Agency dealing with the interests of children and with other departments of Government dealing with the interests of children.

This can be achieved by developing the necessary direct contacts with officials in other divisions and departments at the same time that the Commissioner for Social Security and I are kept informed of any policy developments that may be contemplated or consummated, so that these may be considered in their relationship to other phases of the Agency's work.

We have a big job and a big opportunity. We approach it in a spirit of joint enterprise and mutual helpfulness. The Children's Bureau will be making a tremendous contribution to many of our other activities.

These activities, in turn, will supplement the work in which the Bureau is principally concerned. Because every measure that benefits the family—that promotes health education and security—means a better chance for children.

Watson B. Miller

WATSON B. MILLER
Administrator
Federal Security Agency

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FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION

CHILDREN'S BUREAU
Katharine F. Lenroot, Chief

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